



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 015

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	27th & 28th July 2020
Registration Status:	Registered from 09th September 2019 to 09th September 2022
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	16th September 2020

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in 2010. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 09th September 2019 to the 09th September 2022.

The centre was registered to provide care for four young people between the ages of thirteen and seventeen upon admission. The centre operated under a “care framework” which outlined the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The care framework was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person’s behaviour and helping them to learn healthy alternatives. There were four young people in residence at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out through a review of documentation and a number of telephone interviews.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 10th August 2020. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 24th August 2020 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 015 without attached conditions from the 9th September 2019 to the 9th September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies
Regulation 6 (1) and (2): Person in charge

Theme 5: Leadership, Governance and Management

Standard 5.1

The centre had a suite of policies and procedures that were initially developed in line with the draft National Standards for Children’s Residential Centres, 2017 (HIQA) and at the time of inspection these policies were being revised and updated in line with the final publication of the National Standards for Children’s Residential Centres, 2018 (HIQA). Inspectors were informed that this suite of documents was comprehensive in nature and revised to address gaps identified by the provider in their review of policies and procedures. The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed. In interview, staff were knowledgeable about the legislation and standards that guide their practice in the centre and document reviews demonstrated references to current legislation. Centre management and staff were aware of upcoming training to induct all staff in the new revised suite of policies and procedures. There were no noted incidences of the centre operating outside of its own policies and procedures.

Standard 5.2

The centre manager and deputy manager were experienced in their role and had appropriate qualifications to hold the posts. During the course of the inspection it was evident that leadership was demonstrated by the centre manager. This was supported through interview with the staff members who stated that the centre manager was knowledgeable, approachable and very committed. Inspectors found evidence of leadership on reviewing documents within the centre, where centre manager comments were clear, challenging of practice and supportive of staff efforts. Inspectors found constructive feedback provided to staff in supervision records, where incidents were reviewed to promote learning, alongside discussion on training and development plans to further enhance the quality and safety of care practice.

There were clearly defined governance arrangements and structures within the centre. All staff interviewed were aware of all management levels within the

organisation and were clear on their respective roles and responsibilities. This was evident from a review of centre records and centre management audit records. All staff members interviewed had received job descriptions and were clear on their own roles and responsibilities. There was a record of designated task lists advising of duties appropriately discussed with and delegated to staff members within the centre with the purpose of up-skilling and developing key staff members. This delegation record was readily available and communicated to all members of staff.

The centre manager held the overall executive accountability for the delivery of service and it was evident from audits and documents examined that the person in charge had oversight on all areas of practice.

In interview staff named the National Standards for Children's Residential Centres, 2018 (HIQA) as the underpinning standards for their policies and procedures. They were knowledgeable on the contents of these standards and commented on reviewing these standards as part of their team meetings. As stated in Standard 5.1, this suite of policies was being reviewed and updated at the time of inspection.

The centre had a risk management framework in place and supporting structures for the identification, assessment and management of risk. Staff interviewed identified risks named on their centre risk catalogue and identified how risks were escalated appropriately within the service. There were individual risk management plans in place for all young people to identify and manage individual risks. These were reviewed and the risk rating changed as necessary.

The centre's internal management structure consisted of one centre manager, one deputy manager, a social care leader and a senior social care worker who were delegated duties as appropriate. This management structure was appropriate to the size and purpose and function of the centre. The centre had procedures in place for designated people to contact in case of an emergency and operated an effective on call system.

The regional manager confirmed there were appropriate service level agreements in place and that annual reports were provided to the funding body.

Inspectors spoke with the regional manager and centre manager in relation to the ongoing Covid-19 pandemic and found evidence of a number of measures that were put in place by the organisation in response to the crisis. From review inspectors found these measures to be an appropriate response to the pandemic. In interview,

staff confirmed the measures and risk assessments in place and confirmed that appropriate and ongoing communication between senior management and staff regarding changing guidelines was taking place. Inspectors spoke with three social workers for the young people and with one parent and they stated the centre had managed the recent restrictions to a satisfactory level. Inspectors also found that as restrictions were eased the centre realigned their risk assessments in line with guidance and advice from the National Public Health Emergency Team and Government Guidelines. Staff members confirmed they still had full access to personal protective equipment, cleaning materials and sanitizer as required. Staff stated they felt safe in their place of employment and all appropriate safeguarding measures had been implemented.

Standard 5.3

The centre had a statement of purpose and function which was updated in July 2020 and it was noted to be updated annually or as appropriate. This statement clearly described the model of care together with the aims and objectives of the centre, the range of services available and the management structure of the organisation.

Inspectors found that the statement of purpose and function was available to children and families in a child friendly booklet. It provided a good understanding of the ethos and aims and objectives of the centre and the day to day operations of the centre. The statement was publicly available on the agency website and was also readily available to staff in the centre office.

In interview staff were able to describe the model of care in detail and the care approach undertaken in the centre. Staff provided examples demonstrating the use of the care framework with young people resident. In interviews with social workers some were aware of the framework and understood the aims and objectives of the centre. Inspectors recommend that a copy of the statement of purpose and function be provided to newly allocated social workers so they are made aware of the care approach and model of care used when they are allocated to young people already resident. In documents examined, such as supervision records and handover logs, there was good use of the language used in the centre's model of care and they referenced the care approach.

Standard 5.4

Inspectors found written evidence that the centre manager audited the documents produced in the centre and provided written and verbal feedback to staff. This was evidenced in staff supervision records examined by inspectors. Audits were conducted by the regional manager on a monthly basis and there was written evidence of feedback to the centre manager and deputy manager, identifying action plans and task lists to be completed and the person named to undertake same. In reviewing a sample of minutes from management team meetings, there was evidence of discussions around the revision and implementation of policies and procedures in line with the National Standards for Children's Residential Centres, 2018 (HIQA). In interview, staff members referenced that they did discuss audit feedback and policies at team meetings and also that individual staff members were assigned a particular policy or piece of legislation to review and present to the rest of the staff team. However, there were no corresponding notes in team meeting minutes documenting that this issue was discussed there or documenting feedback. During a review of team meeting minutes, inspectors found that there was a specific set agenda for team meetings but the record of discussions that took place was limited to the care of young people. Discussions around audit feedback, complaints, significant events and significant comments were not recorded. The centre manager must ensure that minutes of team meetings accurately reflect the discussions that occur aimed at informing improvements in practice and achieving better outcomes for children.

All staff interviewed spoke confidently on the complaints process and the purpose of complaints and hearing the voice of children and young people. Inspectors found evidence to demonstrate the identification of trends around complaints, however as noted in the previous paragraph, greater emphasis needs to be placed on this in team meetings and the learning outcomes noted. One young person who spoke with inspectors was aware of how to make a complaint and was aware of the advocacy service EPIC (Empowering Young People In Care) and had been speaking to the EPIC worker.

The registered provider was aware that an annual review of compliance was necessary for the end of 2020. Inspectors were advised that this was currently underway.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1

Compliance with standards	
Practices met the required standard	Standard 5.2 Standard 5.3
Practices met the required standard in some respects only	Standard 5.1 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed.
- The centre manager must ensure that minutes of team meetings accurately reflect the discussions that occur aimed at informing improvements in practice and achieving better outcomes for children.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed.</p> <p>The centre manager must ensure that minutes of team meetings accurately reflect the discussions that occur aimed at informing improvements in practice and achieving better outcomes for children.</p>	<p>Positive Care Policies and Procedures are currently being reviewed with an Audit of the new Policies underway. Training for Management in the new policies has been completed with two more meetings between HCI and Positive Care scheduled before policies can be signed off on and approved. The timescale for completion is Mid-September 2020. Once completed a hard copy of the revised copies will be forwarded to the Alternative Care Inspection Service.</p> <p>Team meeting agenda template now in place and used in the centre for the recording of team meeting minutes. The same will be used on an ongoing basis to ensure that all items on team meeting agendas are discussed, recorded clearly, including any actions that are identified.</p>	<p>Positive Care Policies and Procedures are reviewed every two years. Positive Care will provide the Alternative Care Inspection Service with the most up to date approved version of all Policies and Procedures.</p> <p>Team meeting agenda to continue to be followed. Template to continue to be used to ensure all items which are discussed are clearly recorded. Person in Charge/Deputy Person in Charge to review team meeting minutes following completion to ensure that the same are detailed and reflect all</p>

		<p>Follow up on any actions from previous team meeting to be clearly recorded in subsequent team meeting minutes.</p> <p>The team to continue to review and sign off on team meeting minutes.</p>	<p>information discussed within the team meeting. Person in Charge/Deputy Person in Charge to ensure actions are followed up on and closed off.</p> <p>Person in Charge/Deputy Person in Charge to review team meeting minutes for signatures to ensure all team members have reviewed previous team meeting minutes.</p>
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